Province of
British Columbia

Ministry of Health

Annual Report 1983

BC

Honourable James A. Nielsen
Minister of Health

85-3846/

ERRATUM

page 22, 2nd line from bottom, should read:

"Suicide was the cause of 14.8 deaths per 100,000 population, down from a rate of 15.0 in 1982."

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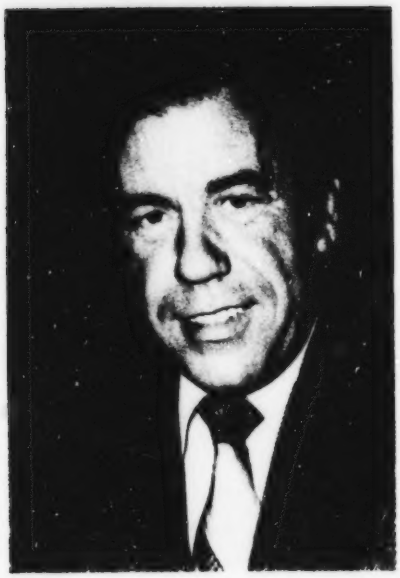


Office of the Minister of Health,
Parliament Buildings, Victoria, B.C.

June 1, 1984

The Honourable ROBERT GORDON ROGERS,
Lieutenant-Governor of the Province of British Columbia

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Ministry of Health for 1983 is herewith respectfully submitted.

JAMES A. NIELSEN
Minister of Health

Ministry of Health
Victoria, B.C.

June 1, 1984

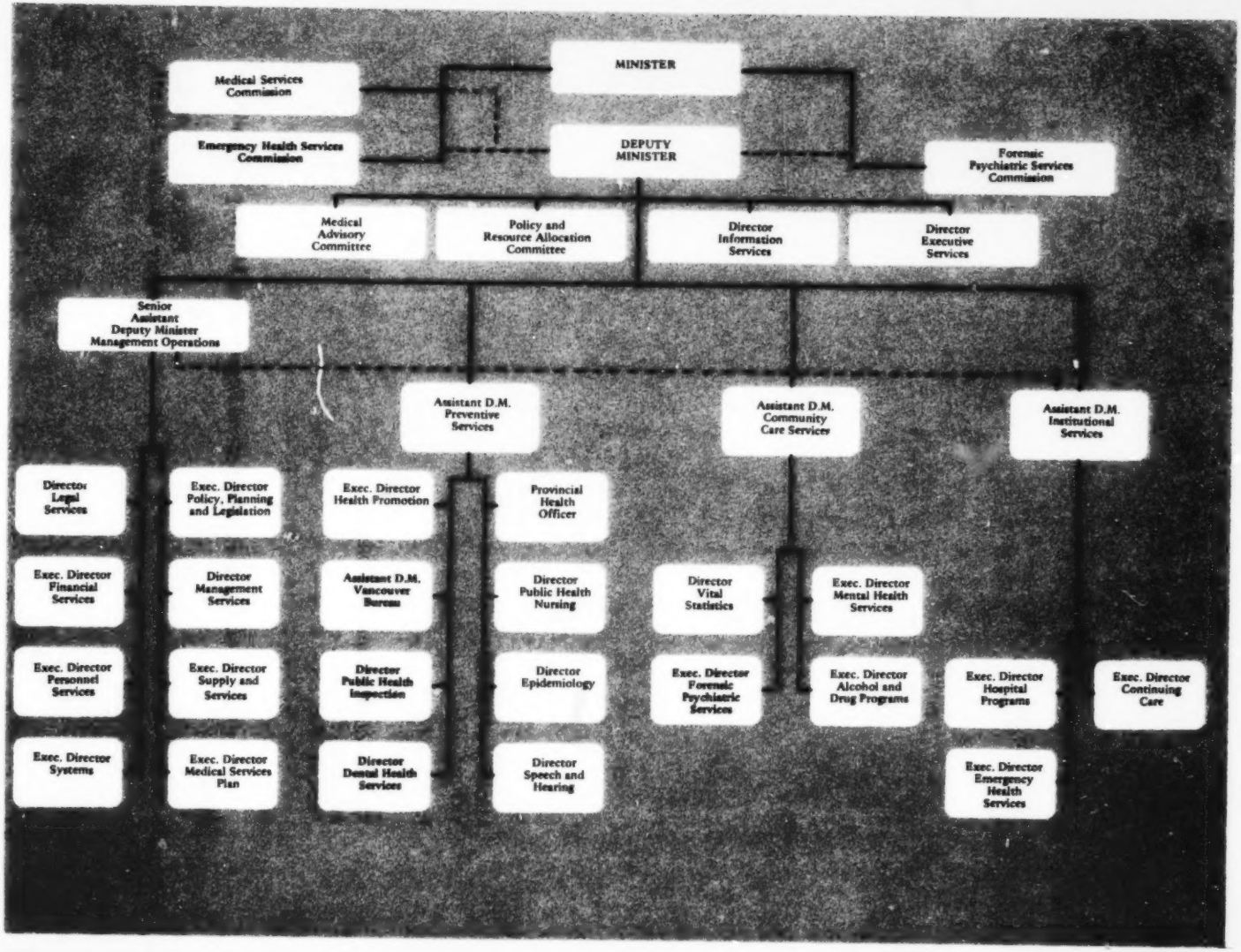
The Honourable James A. Nielsen,
Minister of Health,
Victoria, B.C.

SIR:

I have the honour to submit the Annual Report of the Ministry of Health for 1983.

PETER BAZOWSKI
Deputy Minister of Health

Ministry Organization



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ACTS ADMINISTERED

Ambulance Act
Anatomy Act
Barbers Act
Chiropractors Act
Community Care Facility Act
Dental Technicians Act
Dentists Act
Forensic Psychiatry Act
Hairdressers Act
Health Act
Health Emergency Act
Health Science Centre (UBC) Act
Hearing Aid Act
Heroin Treatment Act
Hospital Act
Hospital (Auxiliary) Act
Hospital District Act
Hospital Insurance Act
Human Tissue Gift Act
Marriage Act
Medical Practitioners Act
Medical Service Act
Medical Service Plan Act, 1981
Mental Health Act
Ministry of Health Act
Name Act
Naturopaths Act
Nurses (Practical) Act
Nurses (Psychiatric) Act
Nurses (Registered) Act
Optometrists Act
Pharmacists Act
Physiotherapists Act
Podiatrists Act
Psychologists Act
Public Toilet Act
Tuberculosis Institution Act
Venereal Disease Act
Vital Statistics Act
Wills Act (Part II)

Deputy Minister's Office

DEPUTY MINISTER'S OFFICE

The Deputy Minister reports directly to the Minister of Health and is responsible for over-all policy and program development of the Ministry.

The Deputy Minister acts as senior advisor to the Minister with regard to program policy, program plans, and legislation; develops and supervises the provincial health care system, ensuring funds, staff and other resources are available; initiates and assesses policy and program options; selects, plans and implements programs; manages programs; evaluates policy and program effectiveness; and has over-all responsibility for internal management of the Ministry; ensuring efficient use of resources, effective financial management and control, and effective deployment and development of manpower.

Policy and Resource Allocation Committee

The policy and resource allocation committee considers questions having major policy implications.

The committee is headed by the Deputy Minister and supported by the Ministry's Assistant Deputy Ministers and the Senior Medical Advisor.

Its role is to investigate, review and evaluate programs and policies, taking into account needs and resource requirements.

Medical Advisory Committee

The Medical Advisory Committee operates under the chairmanship of the Senior Medical Advisor for the Ministry of Health. The committee includes other senior medical and health professional staff from various divisions of the Ministry.

The committee is the main vehicle of communication with the B.C. Medical Association on all professional matters and interacts with the BCMA Professional Advisory Committee. It assesses proposals for new medical technology, reviews and assesses Ministry budget proposals for medical priority, and prepares reports on health care measures. It also makes recommendations to Employment and Immigration Canada in regard to prospective immigrants who are considered to be medically inadmissible by Federal authorities.

The committee initiates or receives requests for reviews and analyses of particular health service issues that may arise from time to time. The committee may also review and make recommendations on any issue with medical implications.

The Medical Advisory Committee reports directly to the Deputy Minister.

Information Services

The Information Services Division is responsible for developing and implementing the Ministry's public information programs.

The division prepares news releases and speeches, and co-ordinates the production of publications and audio-visual materials to promote a healthy lifestyle and to explain Ministry programs and services.

Information Services also operates the Ministry's library and co-ordinates the Suggestion Award Program within the Ministry.

Executive Services

Executive Services has two roles: one is to administer the Ministry's Special Care Services' Grant Program; the other is to provide support services to the Deputy Minister, Senior Assistant Deputy Minister, Management Operations, and Senior Medical Advisor.

The Special Care Services Grant Program encompasses several areas of responsibility:

Rural Health provides planning and delivery of primary health care services to rural and isolated communities through travelling physicians, provision of nurses, community health clinics and Health and Human Resources Centres in various areas of the province.

Services to Children oversees the operation of 16 child development centres designed and staffed to deal specifically with the treatment of disabled children in their own communities.

Urban Health Centres provide integrated health services for special needs patients.

General Grants Program funds a wide range of community agencies to deliver a range of services in the areas of treatment, prevention, rehabilitation and education to enhance established statutory health programs.

Management Operations

MANAGEMENT OPERATIONS

Management Operations is responsible for providing support services to the programs of the Ministry, and for corporate management of Ministry affairs.

It is administered by the Senior Assistant Deputy Minister, who assumes all responsibilities of Deputy Minister in his absence.

Support Services

The Support Services unit is responsible for:

- the purchase and distribution of medical and pharmaceutical supplies, food and other materials required by government institutions, Community Care and Preventive Services. Purchase costs are completely offset by recoveries from the programs receiving the materials and supplies. Products worth approximately $10 million are bought and distributed each year.
- other services, including transportation and patient escort, audio-visual services, industrial manufacturing and equipment repair services for the Ministry of Health and other ministries.

Financial Services

Financial Services is responsible for developing, implementing and operating the Ministry's financial management and control systems. This is accomplished through the operation of four sections within the branch, known as:

(1) financial analysis, planning and budgets;
(2) financial policy and procedures;
(3) accounting operations; and
(4) special projects.

Legal Services

Legal Services provides professional legal advice to the Ministry in all areas of law, particularly involving health and hospital law and related medical-legal concerns.

The lawyers in the branch are either employed by, or under contract to, the Ministry of Attorney General.

Management Services

This branch provides centralized support services for headquarters and certain field operations. Services include management engineering consulting, communications, printing and supply services, security, space planning, records management and pool transport.

Systems Division

The purpose of the Systems Division is to promote the effective and efficient use of information technologies within the Ministry. The division provides consulting services to program areas in the planning and implementation of systems using these technologies, within the confines of centrally developed policies regarding technology, system integration and cost/benefit justification.

Personnel Services

This unit is responsible for the co-ordination of the Ministry-wide personnel organization as well as all fee-for-service negotiations with professions covered by the Medical Services Plan.

Policy, Planning and Legislation

Policy, Planning and Legislation is responsible for policy development, planning, health manpower planning, legislation and for research, statistical analysis and evaluation services.

The Executive Director is chairman of the Health Manpower Working Group, consisting of representatives from the Ministries of Health, Education, Labour, and Universities, Science and

Communications. The group gathers and evaluates relevant data on health manpower, and facilitates appropriate manpower studies so that the Ministry of Health can advise the other ministries of present and future needs.

Medical Services Plan

The Medical Services Plan of British Columbia is empowered by the Medical Services Commission — responsible to the Minister, under the *Medical Services Act* and Regulations — to administer and operate a voluntary medical care insurance plan for the residents of the province.

The Medical Services Plan provides for all medically required services of physicians and surgeons and specified dental surgery when necessarily performed in hospital by a dental surgeon. The federal government makes a cost contribution to this basic coverage. The provincial government has, at its own expense, added various extra health benefits, including chiropractic, podiatry, optometry, physiotherapy and massage, naturopathic medicine and osteopathy.

The Medical Services Plan:

(a) registers all subscribers, approximately 97 per cent of the total population of the province;

(b) collects premiums, either directly or through employers;

(c) provides a program of premium assistance for specified low-income earners, and;

(d) provides reimbursement to qualified practitioners for insured (medically required) services to eligible subscribers.

The Medical Services Plan is funded approximately 38 per cent by premiums, with the balance from provincial consolidated revenue and the federal government.

1983 Program Highlights—Management Operations

In 1983, the Policy, Planning and Legislation Division completed its reorganization to become the Ministry's principal staff support service in the areas of: research, evaluation and economic analysis; planning and health manpower planning; and policy and legislation.

The division undertook numerous activities in each of these areas, including: evaluation of diagnostic digital imaging; evaluation of adult day care service; major review, updating and consolidation of regulations under several statutes; preparing new legislation with respect to medical services; and initiation of the development of a comprehensive planning framework.

The Systems Division continued its major thrust into office automation for the headquarters of the Ministry. Similar initiatives have been undertaken in other Ministry locations.

In addition, a number of new systems were developed in 1983, including a personnel management system, voucher preparation system, laboratory test tracking system, and capital equipment grants management system.

New systems have been planned for the Registration and Premium Billing Branch of the Medical Services Plan, the Vital Statistics Division, the Financial Services Division and the Vancouver Bureau.

Major organizational changes in Personnel Services included the establishment of a Coquitlam office, which encompasses the new Central Training Services organization. Both are housed in the Henry Esson Young Building at Riverview Hospital in Port Coquitlam, and supply personnel and training services for Riverview Hospital, Valleyview Hospital, Supply and Services Division, and the Forensic Psychiatric Institute, serving a combined staff of some 2,000.

The second major strike of the B.C. Government Employees' Union took place in November and again the deployment of excluded staff from this and other Ministries was handled by Personnel Services' Labour Relations Division, with Personnel's exclusions also joining other management staff in laundries and patient-related services throughout the province.

Medical Services Commission
Summary of expenditures — 1972/73 to 1982/83

	Medical fee-for-service	Salaried and sessional	Additional benefits	Administration	Total
1972/73	$139,532,341	$ 6,022,920	$ 7,897,244	$ 7,320,137	$160,772,642
1973/74	159,614,356	7,991,062	8,963,080	8,581,794	185,150,292
1974/75	190,452,494	10,424,602	11,089,892	12,501,015	224,468,003
1975/76	250,026,093	15,437,520	15,045,516	12,659,521	293,168,650
1976/77	268,496,749	14,880,410	17,090,707	13,040,063	313,507,929
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657
1981/82	562,663,997	35,113,464	34,868,280	23,661,014	656,306,755
1982/83	$671,614,777	$36,376,585	$44,791,468	$22,086,006	$774,868,836

While the following statistical tables are prepared on a cash basis, the above summary is compiled on an accrual basis.

Dental Care Plan costs in 1980/81 — Claims payments, $10,843,578; Administration costs, $2,927,527.

Dental Care Plan costs in 1981/82 — Claims payments, $82,732,880; Administration costs, $3,207,771.

Dental Care Plan costs in 1982/83 — Claims payments, $38,498,489; Administration costs, $2,453,854.

Additional benefits, fee-for-service
Distribution of fee-for-service payments for insured service, additional benefits

Type of service	Amount paid [1] [2]		Percentage of total		Cost per person [3]	
	1981/82	1982/83	1981/82	1982/83	1981/82	1982/83
Chiropractic	$15,040,918	$18,564,089	44.40%	43.12%	$ 5.4555	$ 6.6372
Naturopathic	461,724	652,167	1.36	1.52	.1675	.2332
Physiotherapy (office)	7,130,892	9,264,198	21.05	21.52	2.5865	3.3122
Massage Practitioners	—	840,408	—	1.95	—	.3005
Orthoptic	3,679	4,445	.01	.01	.0013	.0016
Podiatry	3,342,722	3,954,177	9.87	9.81	1.2124	1.4137
Optometric	7,723,726	9,534,540	22.80	22.14	2.8015	3.4088
Orthodontic	145,716	188,914	.43	.44	.0529	.0675
Unclassified	28,446	51,437	.08	.12	.0103	.0184
Totals	$33,877,823	$43,054,375	100.00%	100.00%	$12.2879	$15.3931

[1] Includes only those payments which have been made during the respective fiscal periods.

[2] These amounts are fee-for-service payments made under the Plan only, and in no way reflect the total payment for the services of these practitioners from all sources.

[3] Based on insured population as at October 1, as derived from Statistics Canada data; 1981 = 2,757,000, 1982 = 2,797,000. New population statistics received December, 1982.

Medical Services Commission

Fee-for-service payments
Medical practitioners and dental surgery in hospital
Distribution of fee-for-service payments for medical services (shareable)

Specialty	Amount paid [1]		Percentage of total		Cost per person [2]	
	1981/82	1982/83	1981/82	1982/83	1981/82	1982/83
General practice	$224,109,366	$274,510,400	41.37%	41.31%	$81.2874	$98.1445
Dermatology	6,278,209	7,747,943	1.16	1.17	2.2772	2.7701
Neurology	4,585,755	5,603,486	.85	.84	1.6633	2.0034
Psychiatry	15,876,290	19,861,188	2.93	2.99	5.7585	7.1009
Neuropsychiatry	407,098	496,404	.08	.08	.1477	.1775
Obstetrics and Gynecology	18,585,239	22,850,530	3.43	3.44	6.7411	8.1696
Ophthalmology	20,282,192	25,885,544	3.74	3.89	7.3566	9.2547
Otolaryngology	8,942,348	10,576,964	1.65	1.59	3.2435	3.7815
Eye, ear, nose, throat	211,662	251,938	.04	.04	.0768	.0901
General surgery	28,685,535	34,803,363	5.30	5.24	10.4046	12.4431
Neurosurgery	2,923,469	3,329,499	.54	.50	1.0604	1.1904
Orthopedic surgery	14,089,870	17,202,387	2.60	2.59	5.1106	6.1503
Plastic surgery	3,880,782	4,881,225	.72	.74	1.4076	1.7452
Thoracic surgery	3,286,907	4,047,200	.61	.61	1.1922	1.4470
Urology	8,207,232	10,146,343	1.52	1.53	2.9769	3.6276
Pediatrics	10,570,545	13,371,392	1.95	2.01	3.8341	4.7806
Internal Medicine	37,507,547	47,967,370	6.92	7.22	13.6045	17.1496
Radiology	40,482,522	49,736,441	7.47	7.48	14.6836	17.7821
Pathology	58,341,090	71,424,080	10.77	10.95	21.1611	25.5359
Anesthesiology	20,531,731	24,383,916	3.79	3.67	7.4471	8.7179
Physical medicine	742,240	857,222	.14	.13	.2692	.3065
Public health	61,307	1,337	.01	.00	.0222	.0005
Microbiology	212,730	251,310	.04	.04	.0772	.0899
Dental surgery in hospital	2,398,722	2,830,606	.44	.43	.8700	1.0120
Osteopathy	382,375	412,762	.07	.06	.1387	.1476
Nuclear medicine	959,428	1,115,302	.18	.17	.3480	.3987
Unclassified	9,119,701	9,877,634	1.68	1.48	3.3078	3.5315
TOTAL	$541,661,892	$664,423,786	100.00%	100.00%	$196.4679	$237.5487

[1] Includes only those payments which have been made during the respective fiscal periods.

[2] Based on insured population as of October 1, as derived from Statistics Canada data; October 1, 1981 = 2,757,000, October 1, 1982 = 2,797,000. New population statistics received December, 1982.

Distribution of medical fee-for-service payments and services by type of service

Type of service	Number of services		Amount paid	
	1981/82	1982/83	1981/82	1982/83
General practitioner				
Complete examination	1,278,375	1,366,665	$ 39,248,944	$ 47,668,567
Partial examination	8,070,373	8,692,503	116,897,140	141,048,267
Subsequent office visit	19,879	18,731	300,147	324,771
Night, Sunday, holiday or emergency visit	704,731	840,283	22,721,751	29,941,786
First house visit	131,935	176,396	3,537,858	5,419,742
Subsequent house visit	20,539	70	385,233	1,216
Hospital visit	1,505,633	1,499,876	14,000,256	17,511,955
Subtotal	11,731,465	12,594,524	$197,091,329	$241,916,304
Specialist				
Consultation	1,075,720	1,174,467	$63,077,454	$79,837,811
House visit	15,362	17,070	799,605	982,493
Office visit	608,385	673,201	10,014,748	12,912,278
Hospital visit	726,144	776,009	9,931,393	12,810,388
Subtotal	2,425,611	2,640,747	$83,823,200	$106,542,970
Other medical				
Anesthesia	2,392,069	2,510,666	$25,039,056	$29,359,022
Obstetrics	62,813	67,221	13,862,641	17,357,766
Surgery	520,844	587,541	57,963,335	69,511,093
Special procedures	878,230	962,392	22,996,866	28,247,701
X-ray	1,243,469	1,328,269	33,141,697	39,184,357
Laboratory	9,497,055	10,168,276	70,589,862	85,580,692
Common office procedures	1,271,134	1,392,050	12,029,390	15,480,298
Psychotherapy	232,154	249,610	12,133,246	15,344,333
Electrodiagnosis	102,830	127,423	7,275,998	10,287,211
Pulmonary function	41,825	50,212	595,727	786,309
Miscellaneous	19,007	23,389	5,119,545	4,825,730
Subtotal	16,261,430	17,467,049	$260,747,368	$315,964,512
TOTAL	30,418,506	32,702,320	$541,661,892	$664,423,786

Subscriber statistics

Registrations and persons covered[1] by premium subsidy level at March 31, 1983

Subsidy (per cent)	Subscribers	Persons
90	291,809	458,142
50	14,009	21,218
Nil	1,034,175	2,338,640
	1,339,993	2,818,000

[1] Coverage data does not include members of the Canadian Armed Forces, RCMP and inmates of federal penitentiaries.

Persons covered by age group at March 31, 1983

Age Group	Persons	Age Group	Persons
Under 1	36,780	65–69	110,255
1–4	163,132	70–79	143,545
5–14	414,285	80–89	52,875
15–24	457,406	90 & over	11,560
25–44	869,319	Unknown	5,849
45–64	552,994		2,818,000

Preventive Services

PREVENTIVE SERVICES

Preventive Services is the division of the Ministry of Health dedicated to creating — through education, promotion and sanitation — a living environment where the conditions that cause or promote disease are eliminated or minimized. The preventive work is done in the community, in schools and at the work place by public health nurses, public health inspectors, nutritionists, orthoptists, dental hygienists, epidemiologists, and speech and hearing professionals.

The senior staff and divisional consultants are located in Victoria. Services at the community level are provided by health unit staff. There are 16 provincial health units throughout British Columbia, and similar preventive services are available in Vancouver, the North Shore (North and West Vancouver), Richmond, Burnaby, and the Capital Regional District, although these health departments are not staffed by provincial employees. In addition, the Vancouver Bureau, comprising the provincial laboratory, venereal disease control, tuberculosis control, kidney dialysis services and the radiation protection service, is also the responsibility of the Assistant Deputy Minister, Preventive Services.

Health Promotion

Health Promotion provides information to enable individuals to modify their lifestyles to maintain their highest possible level of well-being. Programs are aimed at reducing demands on health care institutions and other facilities. The unit provides consultation related to health information and intervention strategies, improves the specific health promotion knowledge and skills of health professionals and community leaders, and promotes the appropriate use of the health care system and self-responsibility for health.

Major thrusts are planned in the areas of nutrition, fitness and health education. These will be in the form of demonstration projects aimed at major health problems. They will be practical, with potential for significant cost savings. Once the projects are developed and evaluated they will be integrated into the existing delivery systems throughout the province.

Provincial Health Officer

The Provincial Health Officer is responsible for advising the senior management of the Ministry as to the prevention and interception of contagious and infectious diseases and communicating with other boards of health and health officers to acquire and distribute information concerning public health.

Public Health Inspection

This division works closely with the medical health officers throughout the province. Public health inspectors are responsible for the administration of regulations under the *Health Act*, such as those concerning food premises, water supplies, sewage disposal, swimming pools, housing, summer camps and solid waste disposal facilities. The Director and neadquarters staff provide consultative and support services to medical health officers and public health inspectors in provincial health units and municipal health departments.

Dental Health Services

The objectives of this division focus on maximum possible prevention of oral diseases and abnormalities through use of community and self-applied fluorides, encouragement of early and regular visits to the family dentist, development of lifetime preventive home-care skills, and good nutritional habits.

This division, through the dental extern service, assists with the provision of dental treatment in areas of the province which have no dentists. Preventive and treatment services are also organized for the handicapped, the elderly and those confined to homes and institutions, in cooperation with the College of Dental Surgeons.

These services are provided by teams of regional dental consultants, dental hygienists and dental assistants in the health units. School programs form the main part of their efforts, so that young people can learn about the causes and prevention of dental diseases, have their teeth checked and be referred for dental treatment if needed. Prenatal, pre-school and adult dental programs are also organized to meet specific needs of those age groups.

The Director and headquarters staff provide consultative services to the Ministry and the health units.

Community Nutrition

This division develops and co-ordinates a community nutrition program for provincial health staff in the health units, various government departments, allied professions, training schools and the general public. Information focusing on nutrition, as it relates to positive aspects of health and lifestyle, is provided through direct consultation with health professionals, media involvement, publications, public speaking, assessment of community care facilities and operational research. Consultative services are made available on request to institutions and other departments of government. A number of community nutritionists are located in health units to provide service to the local communities.

Public Health Nursing

Public health nursing is a service available to residents of all ages in British Columbia through local health units. The public health nurse assists individuals, families and communities, with a focus on "wellness" rather than "illness", on prevention of disease and disability, on early identification and treatment of problems, and on promotion of health as an individual's responsibility.

Particular emphasis is placed on maternal and child health programs. The public health nurse is also active in the control of communicable diseases, in community care facility licensing, and in work with individuals with chronic conditions, life crises and problems associated with aging.

The Director and headquarters staff serve in an advisory capacity to other agencies in planning and organizing public health nursing services and provide consultation to health unit directors and staff.

Epidemiology

Epidemiology is the study of the distribution and determinants of health and disease in the population, in order to assist in the planning, development, and evaluation of strategies for the promotion of health and prevention and control of disease.

The division provides immunizing agents to protect children and adults against diphtheria, whooping cough, tetanus, rubella, poliomyelitis, measles, and mumps. The division also provides influenza vaccine, rabies vaccine and immune globulins for individuals at special risk.

To achieve its goals, the division of epidemiology makes use of a wide variety of data sources, literature searches, field studies and continuing surveillance activities. The division is also responsible for vaccine inventory management in the province.

Speech and Hearing

The assessment and management of communications disorders is offered by speech therapists and audiologists in a number of provincial health units. The emphasis in these programs is on pre-school and early school-age groups with whom prevention of long-term problems is most likely to succeed. This division is also responsible for the delivery of school speech services in a number of school districts. The establishment of regional audiological centres has allowed the development of comprehensive identification, assessment, diagnostic and rehabilitative services.

VANCOUVER BUREAU

The Bureau consists of a variety of services located in the Vancouver area, including the Divisions of Tuberculosis Control, Public Health Laboratories, Venereal Disease Control, Occupational Health and the Medical Supply Service (Kidney Dialysis Program). It conducts specialized integrated services for the treatment and prevention of communicable disease throughout the province. The headquarters and central service facilities in Vancouver include registries for venereal disease, tuberculosis, and kidney dialysis service.

Occupational Health

Occupational Health has both external and internal responsibilities. The external, or community obligations, consist of promoting and advising authorities, organizations and private persons on occupational health matters, plus the monitoring of radiation hazards throughout the

province. Professional guidance is provided on the organization of occupational health services and the control of both occupational and environmental hazards of a physical and chemical nature. In this latter role, the division is frequently involved with other ministries, the Workers' Compensation Board, the B.C. Medical Association and the Federal Government.

The provision of occupational health services to provincial employees highlights the internal responsibilities. Although clinical occupational medicine and health promotion are emphasized, there is ready access through other government resources to industrial hygiene, accident prevention, and toxicological services. A full, integrated employee health program is offered and division staff play a leading role in the government's program to assist incapacitated employees.

Tuberculosis Control

All phases of tuberculosis prevention and treatment in British Columbia are directed by this division. As well as providing various levels of out-patient care, the division offers consultative service to private physicians, and advises health units regarding contact tracing of active cases, the supervision of cases under treatment, preventive measures and screening and surveillance.

Venereal Disease Control

The division's responsibility to control the spread of venereal diseases is carried out through a program with four major components — public information, venereal disease clinics, contact tracing, and training of public health nurses throughout British Columbia who are responsible for venereal disease control on a regional basis.

Medical Supply Services

The major function of this service is to provide support in the form of supplies, nursing and technical assistance to patients performing kidney dialysis at home, and to others who use the Willow Dialysis Unit (limited care) in Vancouver. The division also employs a co-ordinator to assist the process of kidney transplants and to promote the donations of organs.

Supplies are also provided for hemophiliacs and for patients requiring intravenous feeding (total parenteral nutrition) due to severe bowel diseases.

Division of Laboratories

The division's main laboratory is in Vancouver, with branches in Nelson and Victoria. It performs routine, referral and consultative services for investigation, diagnosis, treatment and control of communicable disease and for amelioration of environmental problems. These services include advice and laboratory tests for diseases caused by bacteria, fungi, parasites, viruses and other communicable agents, related immunology and serology and environmental microbiology. Tests are available to registered physicians, hospitals and health-related agencies at all levels of government. Specimens are shipped by courier from all parts of the province.

1983 Program Highlights — Preventive Services

Statistics provided by the Public Health Nursing Division reveal that:

- The number of new babies weighing less than 2,500 grams at birth showed continuing reduction to 4.8 per cent of total births. Those born within the ideal weight range from 3,501 to 4,000 grams increased to 33 per cent of the total.
- Immunization status of children in Grade 1 improved by two per cent over 1982, showing an average 93 per cent protection against diphtheria, whooping cough, tetanus, poliomyelitis, measles and rubella. This was accomplished by a strong promotional and educational effort by public health nurses and a springtime promotional campaign by the Ministry utilizing a school poster competition and mass community distribution of the winning poster.

The Division of Epidemiology continued to publish the B.C. Disease Surveillance newsletter every four weeks. Among many special investigations undertaken, of particular significance were bacterial meningitis, outbreaks of rubella in teenagers, small outbreaks of tuberculosis, and several foodborne disease outbreaks, including salmonellosis, botulism, and diseases associated with the consumption of raw milk.

A new Health Promotion Unit within Preventive Services, encompassing health education, nutrition and fitness, commenced development of four demonstration projects related to low birth-weight infants, back injury prevention, smoking prevention and activation of seniors. Project Non-Smoker completed its third successful year.

The Nutrition Division's commitment to an emphasis on the period from preconception to the first year continued in 1983. A nutrition manual written by the staff for health professionals included a complete review of the current literature, guidelines for the nutritional care of women about to conceive, pregnant women and infants, and supportive approaches for counselling. In-service training to update health unit staffs and allied health professionals began and will continue through 1984 to ensure that the recommendations are understood and followed.

In the field, 65 per cent of staff time was concentrated on maternal and infant nutrition, including consultations and in-service training for nurses and physicians, contact with the public through media, and direct counselling of those at-risk. In the Simon Fraser Health Unit, a review of the 1983 low birth-weight infants was completed, representing the first phase of the Health Promotion low birth-weight demonstration project.

Seniors and those in Continuing Care facilities were the two focus groups of the Community Care Nutrition field staff. In addition to continued development of a mechanism to ensure adequate nutritional care of adults in Continuing Care facilities, staff provided 1,198 consultations with individuals, 687 consultations to facilities, and 315 consultations or in-service training sessions to home care nurses, homemakers' services and meals-on-wheels agencies.

Dental hygienists and assistants provided education, motivation, prevention, development of home care skills, inspections, referrals and parental follow-up to 70,000 children in kindergarten and Grades 1, 3, 5 and 7 in provincial health units. Of the children inspected, 80 per cent were found to have dental disease under control and appear to visit the family dentist on a regular basis. An additional 20,000 pre-schoolers, parents and institutionalized people received various dental preventive services.

More dentists register in British Columbia every year, and fewer communities remain without a resident dentist. Where ensuring dentists' services to remote communities was once the main function of the dental division, with 13 dentists travelling around the province, there are now only three dentists on this program. The 1983 program served a total of eight communities and 3,000 people. This program has now reached the most northern and isolated areas, including Atlin, Dease Lake, Hudson Hope and Tumbler Ridge.

During 1983, the Division of Speech and Hearing delivered a comprehensive, community-based hearing conservation program. Some 20 audiology clinics operate in 16 provincial health units and in two municipal health departments.

Hearing impairment identification, assessment and rehabilitation services were provided to 13,782 children and 12,910 adults during 1983.

Some 26,500 therapy sessions were conducted by the division's speech pathologists. Studies were undertaken in data retrieval and referral screening to investigate procedural and service delivery systems designed to improve efficiency and program effectiveness.

Vision Services provides a program aimed at the detection and management of visual defects in children. Public health nurses carry out the vision screening, referral and follow-up of those children. Consultative services during 1983 were provided by the provincial orthoptist to over 250 public health nurses, health unit aides and volunteers.

A vision screening study in the school-age population evaluated a 'referral only' system versus the routine screening in Grades 3, 5 and 7. The results indicated that the present routine screening should be maintained pending further evaluation. Further studies will be done in 1984.

Regulations under the *Health Act* related to barber shops, beauty parlours and campsites were repealed and replaced with the Personal Service Regulations and the Public Place Sanitary Facilities Regulations. The Frozen Food Locker Plant Regulations were amended. All of these actions were taken to allow more flexibility and yet ensure the protection of the public health.

During 1982/83, 22 provisional certificates for waterworks systems were issued to 18 different communities. These certificates are required by the community to support their application to raise funds by local bylaw and are evidence that the proposals for waterworks construction and water quality have been reviewed by health authorities.

The Kidney Dialysis Service has grown in numbers of patients supported by this program over the years. New and better technology allows the end-stage renal failure (ESRD) patient to participate in a self-care approach to his illness. The most significant aspect of the past year was in the kidney transplant program — 41 kidneys were donated and as a result 32 transplants were performed, up from 27 in 1982.

The Division of Occupational Health experienced an increased demand from public service managers for the assessment of employee health status in relation to job requirements. Medical examinations more than doubled to 4,046. Employee visits to Occupational Health nurses increased to 9,753.

The Radiation Protection Service carried out more than 1,200 radiation surveys with emphasis on installation and use of X-ray equipment. The correction of overexposure problems in dental offices received priority. Assistance was given in the disposal of 200,000 lbs. of waste, nuclear devices and radioactive materials.

The Employee Assistance Program, which deals with the psychosocial problems of employees, was transferred from the Division of Occupational Health to the Public Service Commission in April, 1983.

The incidence of active tuberculosis increased to 15.2 cases per 100,000 population in 1982, compared with 14.3 in 1981. There has been a plateau in the rate and number of persons with active tuberculosis over the past seven years, the rate being 15.6 per 100,000 in 1976. Older males, disadvantaged persons and chronic alcoholics, persons not born in Canada and native Indians continued to exhibit high rates of tuberculosis.

Although the over-all incidence of new, active tuberculosis has been declining over the past three decades, the actual number of cases and, therefore, the workload of the Division of Tuberculosis Control, has remained stable over a number of years. The selected segments of the population requiring routine screening for tuberculosis have been more closely defined and recommendations have called for reduced routine surveillance, which will now be based on individual rather than group indications with a reduction in the number of chest X-rays taken.

Community Care Services

COMMUNITY CARE SERVICES

The role of Community Care Services is to manage, develop and administer efficient and effective programs in Mental Health Services, Forensic Psychiatric Services, Alcohol and Drug Programs, and Vital Statistics.

Mental Health Services

The Mental Health Services Division is responsible for ensuring that the mental health system in British Columbia provides efficient and effective care to residents with mental health problems regardless of where the residents live or their income levels. It accomplishes this by direct service delivery and by over-all management co-ordination of the mental health system, including those elements delivered through other divisions, ministries, and private and voluntary agencies.

Services available to the three main demographic groups (children, adults, and the elderly) are organized into several major program groups: preventive, emergency, acute, rehabilitation, and maintenance. The division directly provides multi-disciplinary professional services through its children's services branch, acute and adult care branch, and rehabilitation and geriatric services branch. Branch programs are delivered through Riverview Hospital, Burnaby Psychiatric Services, 31 mental health centres and 16 related sub-offices throughout the province. In addition, the division administers a major grant to the Greater Vancouver Mental Health Services, and is functionally responsible for its operation.

The Mental Health Services Division attempts to direct clinical service to the most seriously mentally ill as its first priority, and then to others experiencing serious mental health problems. Whenever possible, the division strives to complement the services offered through general physicians, psychiatrists, hospitals, and other agencies by co-ordinating and supporting their activities, and supplementing them when required to ensure the provision of priority programs.

Alcohol and Drug Programs

Alcohol and Drug Programs provides treatment, information and prevention programs in response to problems of alcohol and drug abuse and dependence.

Outpatient counselling services are located in 36 communities, detoxication facilities are provided in five communities, and residential treatment programs operate in many centres. Approximately half of these services are delivered through funding to local private societies.

Alcohol and Drug Programs also provides information to the public on alcohol and drug problems.

Forensic Psychiatric Services

Forensic Psychiatric Services is responsible for providing psychiatric assessments to the courts and for providing treatment for individuals who have been ordered into treatment as a result of criminal proceedings.

The program consists of outpatient clinics in Vancouver and Victoria which provide assessments for the courts and some outpatient care supervision and treatment.

The Forensic Psychiatric Institute at Port Coquitlam provides treatment in a secure setting. The Maples Adolescent Treatment Centre in Burnaby provides treatment for young people in a secure setting.

Family court clinics in Vancouver and Victoria provide assessments of juveniles before the courts.

Vital Statistics

The Division of Vital Statistics is responsible for the administration of the *Vital Statistics Act*, *Marriage Act*, *Name Act* and Part II of the *Wills Act*.

The *Vital Statistics Act* governs the registration of births, deaths, stillbirths, marriages, adoptions and divorces through a system of district registrars in the province and the controlled issue of certificates and photocopies of registrations. It includes special procedures for dealing with adoptions, delayed registrations of vital events, and effecting changes, corrections and cancellations of registrations.

The *Marriage Act* provides for the registration of ministers to solemnize marriage in British Columbia, the issuance of marriage licences, and the solemnization of civil marriages. The Act has procedures for dealing with various irregularities in marriage, upholding of caveats against a marriage, validation of marriage, and the issuance of orders of re-marriage. The *Name Act* provides for processing legal changes of name, including the election of a bride to retain her maiden surname, and the issuance of certificates of name changes. The *Wills Act* provides for receiving and registering notices of the filing of wills, and revocation or relocation of wills. It also makes provision for searches of will notices following the death of a testator and issuance of certificates respecting notices on file.

The other function of Vital Statistics is to provide a biostatistical service to the Ministry. Statistical information is compiled from the division's registries for the use of health planners. The British Columbia Health Surveillance Registry is maintained for the recording, classification and analytical study of congenital and handicapping conditions.

1983 Program Highlights — Community Care Services

During 1983, Mental Health Services continued its direct responsibility for administering Riverview Hospital, Burnaby Psychiatric Services, and the mental health centres, in accordance with the *Mental Health Act*.

In community outpatient services, two new mental health field offices were opened, at 100 Mile House and Golden.

In the area of services to children, a new Director of Children's Services was hired. In addition, children's services in Victoria were consolidated within the region's two mental health centres.

In residential services, 2,300 people were accommodated, and 25 new beds were developed as an expansion to existing licensed facilities.

Riverview Hospital was awarded a two-year accreditation status by the Canadian Council on Hospital Accreditation.

Mental health centres, including Burnaby, saw 12,484 outpatients. Burnaby admitted 344 inpatients and Riverview Hospital admitted 771 inpatients. Riverview's inpatient population stayed stable at about 1,000 patients. Greater Vancouver Mental Health Services saw 3,000 patients.

Alcohol and Drug Programs opened a new outpatient service in Powell River, and commenced planning for an alcohol and drug counselling service in Tumbler Ridge, which opened in January, 1984.

The year saw increased utilization of the Great Northern Way Detoxication Centre in Vancouver, which increased its intake to 9,818. The Pender Detox Centre, also in Vancouver, allocated two beds for treatment of youth clients.

A program of detoxication education for hospital staff was initiated.

Services provided directly by Alcohol and Drug Programs or by funded non-governmental agencies provided treatment through 42 outpatient centres, 18 inpatient centres (residential treatment centres and support homes) and seven detoxication centres. Admissions for 1982/83 were: outpatient, 8,442; inpatient, 3,154; and detoxication, 17,153.

During 1983, Forensic Psychiatric Services continued to provide court-ordered psychiatric assessment and treatment of accused or convicted adults at its two adult outpatient clinics, travelling clinics, and the 140-bed Forensic Psychiatric Institute at Essondale.

Adolescent psychiatric services expanded with the development of Family Court Clinics in Vancouver and Victoria, and the provision of outpatient services to Youth Detention Centres.

A further nine beds of the Maples Adolescent Treatment Centre secure unit were opened, bringing the bed count to 61, with another eight-bed unit to be opened in 1984. The waiting list for admissions fell dramatically throughout the year.

Demographic Features

British Columbia's 1983 population was estimated at mid-year to be 2,823,900, compared with the previous year's estimate of 2,783,200, an increase of 1.5 per cent. A composite of the

population shows that 29 per cent of the population was under 20 years of age, another 46 per cent between 20 and 49, another 14.5 per cent between 50 and 64 years, and 11 per cent was 65 years and older.

There were 43,419 live births registered in 1983, an increase of about three per cent over 1982.

On the basis of the total population, this represents a birth rate of 15.4 per 1,000 population, the same as in 1982. The general fertility rate, which related the number of live births to the female population likely to experience a birth, was 5.7 per cent. This rate has been relatively unchanged during the past six years, but is considerably lower than the all-time high of 11.2 per cent recorded in 1957.

The marriage rate, at 8.2 per 1,000 population, was the same as that recorded in 1982. The number of marriages was 23,252.

In 1983, the crude death rate was seven per 1,000 population, surpassing all previous lower rates recorded in recent years. The low rate in British Columbia is consistent with the death rates in the rest of Canada and the United States. Contributing to this lower rate were continuing declines in the rates for three of the four leading causes of death, namely heart disease, cancer and cerebrovascular disease. Some 221 deaths in every 100,000 of the population resulted from heart disease, compared with 232 in 1982. Similarly, the death rate from cancer declined slightly to 167 per 100,000 population in 1983 from 170 in 1982, and cerebrovascular lesions (strokes) recorded a rate of 61, down from 65 in 1982.

Accidental deaths remained about the same as 1982, at 55 per 100,000 population. Motor vehicle accidents contributed 34 per cent of all accidental deaths. It is noteworthy that the death rates from this cause in 1983 and in the previous year were the lowest since 1963. Deaths from falls contributed 16 per cent of all accidental deaths, down from 28 per cent in 1982, and deaths from accidental drowning and poisoning accounted for 4.5 and three per cent of all accidental deaths respectively.

Suicide was the cause of eight deaths per 100,000 population, down from a rate of 14 in 1982.

The infant mortality rate continued to drop, reaching nine per 1,000 live births in 1983.

Registrations, certificates, and other documents processed by Division of Vital Statistics, 1982 and 1983

	1982	1983*
Registrations accepted under *Vital Statistics Act*		
Birth registrations	39,592	42,821
Death registrations	21,759	19,638
Marriage registrations	24,811	23,239
Stillbirth registrations	362	305
Adoption orders	1,956	1,762
Divorce orders	9,347	7,372**
Delayed registrations of birth	217	228
Registrations of wills notices accepted under *Wills Act*	60,113	55,830
Total registrations accepted	158,157	151,195
Legitimations of birth effected under *Vital Statistics Act*	351	392
Change of name applications granted under *Name Act*	3,985	4,296
Materials issued by the central office		
Birth certificates	85,089	95,660
Death certificates	7,033	7,614
Marriage certificates	10,077	13,374
Baptismal certificates	8	1
Change of name certificates	2,845	2,979
Divorce certificates	246	171
Photographic copies	11,116	13,870
Wills notice certification	14,144	14,216
Total items issued	130,558	148,885
Non-revenue searches for government ministries by the central office	22,000	14,612
Total Revenue (fiscal year)***	$1,661,025.42	$1,565,000.00

* All 1983 data is provisional
** January-September 1983 only
*** Accounting on fiscal year basis for 1982/83 and 1983/84

Institutional Services

INSTITUTIONAL SERVICES

The role of the Division of Institutional Services is to develop and manage the resources required to plan, maintain, evaluate and improve the province's emergency health services and acute and continuing health-care systems. In addition to ensuring the best utilization of resources, the Assistant Deputy Minister, Institutional Services, must achieve these objectives within a spirit of respect, understanding, and co-operation among all participants in the health-care system, including trustees, administrators, physicians and other health care professionals, unions, consumers, and the public.

Emergency Health Services

Emergency Health Services operates 335 ambulances from 163 centres around the province. A central warehouse has been established in Vancouver which ships supplies and equipment to all parts of the province as required. For operational purposes, the province is divided into six regions, each under the supervision of a regional manager.

Residents of British Columbia are billed at $25 per call for up to 40 kilometres and 26¢ per kilometre after that, with a $162 maximum. There is no extra charge for air ambulance service or for trained escorts where these are approved prior to the journey. Wherever possible, operations are confined to the province. However, in certain instances, because of geographical locations — for example, those areas adjacent to the Alberta border — patients will be taken to Calgary or Edmonton hospitals at no extra charge. For non-residents, industrial accidents, Workers' Compensation Board and other agency cases, charge for service is based on time and distance travelled.

Continuing Care Division

The Home Care/Long-Term Care program started on January 1, 1978. It is designed to meet the needs of persons who cannot live without help, because of health-related problems which do not warrant care in an acute-care hospital. The primary aim of the program is to permit those who qualify for benefits to remain in their own homes, among their own families, for as long as it is desirable and practical.

In 1983, the program's official designation was changed to Continuing Care Division, Institutional Services.

The senior official responsible for the over-all development, implementation and operation of the Continuing Care Program is the Executive Director. This official is also accountable for home nursing care, community physiotherapy, adult care licensing, and Valleyview, Pearson, and Skeenaview Hospitals.

The Provincial Adult Care Facilities Licensing Board is the organizational body responsible to the Minister of Health for the licensing and inspection of community care facilities, and is composed of representatives from the Ministries of Health, Education and Human Resources.

The community physiotherapy program provides direct treatment, consultative and preventive services to patients, families, physicians, public health staff, hospitals, and the general public through 12 health units at 18 office locations. These services are provided to three major program areas — home nursing care, long-term care and public health programs.

Valleyview, Skeenaview and Pearson Hospitals provide required treatment services for their local communities and serve as provincial referral centres. Valleyview and Skeenaview serve psychogeriatric clients primarily, while Pearson Hospital provides required services to younger extended-care clients and those suffering from respiratory disabilities.

Skeenaview Hospital is to be closed in 1984 and will be replaced by a new intermediate-care facility in Terrace.

The nature of the Continuing Care program has required the establishment of a decentralized professional organization, with the central office in Victoria providing over-all policy direction and control.

The local health units throughout the province are the organizational units responsible for the co-ordination and administration of the program at the local level. The program is delivered through 16 provincial health units and five municipal units. A local long-term care administrator is responsible through the health unit director for program delivery. Services provided include:

homemaker services, adult day care, personal and intermediate facility care, family care homes, group living homes, and assessment and treatment centres.

The Home Nursing Care Program is administered through the health units and all the patients are admitted to the program on referral by their attending physician. The program consists of two services — hospital replacement and non-hospital replacement.

The hospital replacement service is for patients who are discharged early from, or in place of admission to, an acute-care hospital. Patients admitted for hospital replacement receive the necessary services such as nursing, homemaker, meals-on-wheels, medication and equipment free of charge. The services have the potential to make the use of hospital beds more efficient by enabling more patients to be cared for in their homes.

The non-hospital replacement service is for patients who do not need acute hospital care, but require professional nursing and other services, such as a homemaker, to remain at home. This service is available throughout the province and provides nursing care at no charge to the patient. The patient is responsible for payment for medication or special equipment that may be required.

When indicated, patients from either category may be referred to other treatment services such as physiotherapy or support services provided by the Continuing Care Program.

Hospital Programs

The Hospital Programs branch of Institutional Services is charged with the funding of the province's public hospitals, under the terms of the *Hospital Act*, the *Hospital Insurance Act*, the *Hospital District Act* and related legislation. This responsibility entails the control of funds allocated by the legislature for the operation of approximately 128 separate hospital and designated facilities, provision of funds for hospital construction and equipment, and payment of out-of-province hospital costs for qualified B.C. residents.

To meet this responsibility, Hospital Programs conducts a monitoring and consultative service covering the major activity centres of hospital operations. The branch's obligation to ensure that public funds are being utilized to provide high quality, cost-effective hospital care is made more challenging by the fact that the province's hospitals are operated by voluntary, autonomous boards.

The objectives of the branch are:

—to plan, initiate and evaluate an acute, rehabilitation, and extended-care delivery system which ensures reasonable access;

—to determine the financial, human, and physical resources required to maintain and improve the hospital system;

—to allocate available resources in the most equitable manner; and

—to monitor the process and outcomes and ensure the hospital system is both efficient and effective.

A fundamental role of Hospital Programs in ensuring that appropriate hospital care is available for the people of British Columbia is to act as the liaison between hospitals and government so that government policy is succinctly communicated, while the needs of the field are understood.

Hospital Programs is organized on the basis of horizontal regional teams of multi-disciplinary groups under regional team directors, together with the necessary support divisions in finance, administration, professional consultation, and hospital planning and construction. Consistency between teams is maintained by regular meetings of the directors' group, which recommends planning and funding policy.

1983 Program Highlights — Institutional Services

During 1983, Hospital Programs was involved in the completion of 14 major construction projects, at an estimated total cost of $98 million. These projects provided 313 acute-care beds and 328 extended-care beds.

The largest single job completed during the year was phase one of a major upgrading project at St. Paul's Hospital, Vancouver. This phase provided replacement of 250 medical/surgical beds, special care units, expansion of services and parking facilities.

Among the other major projects completed during the year were:

—an addition of 125 extended-care beds at Lions Gate Hospital, North Vancouver.

—an addition of 50 extended-care beds, plus 25 in-shell, at the Saanich Peninsula Hospital.

—new diagnostic and treatment centres at Barriere, Houston and Tumbler Ridge.

—a 25-bed acute-care addition at Kelowna General Hospital.

—the provision of an additional 25 acute-care beds at Penticton Regional Hospital.

—various projects at Vancouver General Hospital, including parking facilities, a new eye-care centre, cardiac care and adolescent psychiatric facilities, and a new power plant for Laurel Street Pavilion Two.

—a new extended-care unit of 113 beds at Vernon Jubilee Hospital.

—the new 496-bed Victoria General Hospital.

Included in the 61 projects in the design and construction phase were the A. Maxwell Evans Clinic of the Cancer Control Agency of British Columbia (Vancouver), due to open in 1984; the Eagle Ridge Hospital (Port Moody), also scheduled to open in 1984; and the Royal Jubilee Hospital's Royal Block South addition (Victoria).

As well as hospital construction and renovation projects, various upgraded hospital services for British Columbians were provided.

For example, during 1983, an additional $2,548,000 was made available to expand open-heart surgery services at the Vancouver General and St. Paul's Hospitals in Vancouver and at the Royal Jubilee Hospital in Victoria. This additional funding was intended to increase the capacity of open-heart surgery in these hospitals by more than 50 per cent.

Hospital Programs has established an Equipment Grant Secretariat to administer and direct the allocation of funds for the purchase of hospital equipment. Total equipment funding for hospitals for the 1983/84 fiscal year was estimated at approximately $30 million.

Emergency Health Services launched two new ambulance services in the communities of Tumbler Ridge and Dease Lake, utilizing part-time drivers and attendants.

A total of 216,201 ambulance trips were made in 1983, carrying a total of 220,737 patients. This is an increase in patients carried, but a slight decrease in call volume over 1982.

The air ambulance service continues to be used extensively to transport patients. In 1983, there were 4,181 flights involving 4,139 patients (there are instances where more than one aircraft is used, or more than one patient is carried). This constitutes a 6.4 per cent increase in air ambulance flights over 1982.

In November, permanent airvac crews were established in Vancouver. These crews have advanced life support training, with additional training being formulated for 1984. They work staggered shift patterns to accommodate aircraft availability.

During the year, the upgrading of ambulance stations continued. The vehicle modification depot in Victoria manufactured 22 standard ambulances at a substantial cost saving per unit. They replaced older, unreliable vehicles beyond repair.

A study of the ambulance fleet is being done, to reduce vehicle size from a five-patient to a three-patient unit, which could have a substantial effect on fuel costs.

The Minister of Health gave his approval in November for the title of the Home Care/Long Term Care Program within Institutional Services to be changed to the Continuing Care Division of Institutional Services.

The change in title emphasizes the division's objectives of developing a continuum of care alternatives for persons with long-term health disabilities. It is consistent with program designations in other provinces where a range of non-acute community and residential health support services has been amalgamated under one government jurisdiction.

In co-ordination with the Vancouver Health Department, the Continuing Care Division introduced a formal tendering process for the provision of homemaker services in Vancouver. It is anticipated that this pilot project will allow both private and non-profit homemaker agencies to extend their services to a greater number of eligible clients and retain high quality standards of care.

Various Continuing Care manuals were updated. A service provider handbook is being completed to improve the liaison between Continuing Care service providers and Ministry of Health staff.

Approval for the construction of new intermediate-care facilities was announced. A 120-bed facility in Vancouver, to be operated by the Little Mountain Residential Care and Housing Society, will replace the Queen Elizabeth Hall, owned by the Canadian National Institute for the Blind. In Oliver the present personal-care facility will be replaced with a 30-bed intermediate-care facility.

Hospital patient separations according to responsibility for coverage and type of health care

	1978/79	1979/80	1980/81	1981/82	1982/83[1]	1983/84[2]
SEPARATIONS						
(1) B.C. public hospitals (total)						
Acute/Rehab.	408,606	410,648	409,216	435,519	411,640	416,305
Long Term	*Included in Acute/Rehab.			3,893	3,243	2,680
Extended	3,483	3,553	3,680	3,463	3,779	4,142
Newborn	37,938	39,880	41,514	43,873	44,402	46,098
(2) Covered by Hospital Programs (included above)						
Acute/Rehab.	389,922	390,513	389,573	415,050	397,644	402,150
Long Term	*Included in Acute/Rehab.			3,881	3,240	2,672
Extended	3,483	3,553	3,680	3,442	3,760	4,121
Newborn	37,293	39,125	40,767	43,215	43,514	45,268
(3) Percentage of total covered by Hospital Programs						
Acute/Rehab.	95.4	95.1	95.2	95.3	96.6	96.6
Long Term	*Included in Acute/Rehab.			99.7	99.9	99.7
Extended[3]	100.0	100.0	100.0	99.4	99.5	99.5
Newborn	98.3	98.1	98.2	98.5	98.0	98.2
(4) Other Hospitals — H.P. responsibility[4] (Federal/contract hospitals)						
Acute/Rehab.	213	256	519	545	466	460
Newborn	31	24	59	38	43	36
(5) Out of province — H.P. responsibility						
Acute/Rehab.	7,138	7,688	6,661	7,174	8,840	6,679
Newborn	312	367	298	320	281	207

(1) Amended as per final report from hospitals.
(2) Estimated.
(3) For the years 1978/79 to 1980/81 the percentage of Hospital Programs separations to total was not determined. It is assumed therefore to be 100 per cent.
(4) Includes hospitals at Cassiar, Holberg and Masset for the years 1978/79 to 1981/82. Cassiar became a public hospital July 1, 1982.

Hospital patient days and utilization statistics according to responsibility for coverage and type of health care

	1978/79	1979/80	1980/81	1981/82	1982/83[1]	1983/84[2]
PATIENT DAYS						
(1) B.C. public hospitals						
Acute/Rehab.	3,565,659	3,603,701	3,648,247	3,422,235	3,197,456	3,180,450
Long Term	*Included in Acute/Rehab.			308,202	227,366	189,584
Extended	1,841,089	1,886,567	1,963,022	2,024,716	2,091,632	2,224,548
Newborn	208,969	232,226	234,094	241,613	223,545	233,726
(2) Covered by Hospital Programs						
Acute/Rehab.	3,428,709	3,460,477	3,505,965	3,297,236	3,087,312	3,073,755
Long Term	*Included in Acute/Rehab.			307,238	227,101	188,999
Extended	1,841,089	1,886,567	1,963,022	2,012,375	2,081,758	2,213,264
Newborn	203,299	225,992	228,476	236,084	219,163	229,558
(3) Percentage of total covered by Hospital Programs						
Acute/Rehab.	96.2	96.0	96.1	96.3	96.6	96.6
Long Term	*Included in Acute/Rehab.			99.7	99.9	99.7
Extended	100.0	100.0	100.0	99.4	99.5	99.5
Newborn	97.3	97.3	97.6	97.7	98.0	98.2
(4) Other hospitals[3] Federal/contract						
Acute/Rehab.	718	892	1,795	1,563	1,775	1,650
Newborn	130	94	279	166	175	126
Out of province						
Acute/Rehab.	59,460	60,323	50,631	51,270	64,551	40,686
Newborn	2,002	2,501	1,984	2,020	1,575	1,203
(5) Average days stay Hospital Programs patients — B.C. public hospitals						
Acute/Rehab./ LTC	8.79	8.86	9.00	8.60	8.27	8.06
Extended	528.59	530.98	533.43	584.65	553.67	537.07
Newborn	5.45	5.78	5.60	5.46	5.03	5.07
(6) Average days stay Hospital Programs patients Federal/contract hospitals						
Acute/Rehab.	3.37	3.48	3.46	2.87	3.81	3.59
Newborn	4.19	3.92	4.73	4.37	4.07	3.50
(7) Average days stay Hospital Programs patients Out of province						
Acute/Rehab.	8.33	7.85	7.60	7.15	7.30	6.09
Newborn	6.42	6.81	6.66	6.31	5.60	5.81

[1] Amended as per final report from hospitals.

[2] Estimated.

[3] Including hospitals at Cassiar, Holberg and Masset for the years 1978/79 to 1981/82. Cassiar became a public hospital July 1, 1982.

N.B. Estimated patient-days (including newborn) per 1,000 of population covered by Hospital Programs: 1978/79 — 1,460; 1979/80 — 1,459; 1980/81 — 1,350; 1981/82 — 1,419; 1982/83 — 1,299; 1983/84 — 1,258; (Because the armed forces, Royal Canadian Mounted Police, and some other groups are not insured under the Provincial plan, the actual incidence of days would be somewhat higher than shown). In addition, estimated patient days per 1,000 population for extended care amounted to 728 in 1978/79, 734 in 1979/80, 720 in 1980/81, 733 in 1981/82, 747 in 1982/83 and 788 in 1983/84. Population according to latest census figures.

Hospital Programs patient separations from B.C. hospitals and average length of stay (grouped according to hospital bed capacity) 1983/84[1]

	Total	250 beds & over	100 to 249	50 to 99	25 to 49	Under 25
Patient Separations:						
Acute/Rehab./LTC in Acute	404,822	193,545	117,012	54,614	27,027	12,624
Extended	4,121	1,540	1,139	330	182	930
Newborn	45,268	16,958	18,342	6,084	2,691	1,193
Patient Days:						
Acute/Rehab./LTC in Acute	3,262,754	1,743,344	924,598	354,354	179,941	60,517
Extended	2,213,264	686,297	612,929	245,740	81,865	586,433
Newborn	229,558	92,632	93,462	27,890	10,879	4,695
Average Length of Stay (in days):						
Acute/Rehab./LTC in Acute	8.06	9.01	7.90	6.49	6.66	4.79
Extended	537.07	445.65	538.13	744.67	449.81	630.57
Newborn	5.07	5.46	5.09	4.58	4.04	3.94

[1] Estimated.

Percentage distribution of Hospital Programs patient separations and patient days (grouped according to hospital bed capacity) 1983/84[1]

	250 beds & over	100 to 249	50 to 99	25 to 49	Under 25
Patient Separations:					
Acute/Rehab./LTC in Acute	47.81%	28.90	13.49	6.68	3.12
Extended	37.37%	27.64	8.01	4.41	22.57
Newborn	37.46%	40.52	13.44	5.94	2.64
Patient Days:					
Acute/Rehab./LTC in Acute	53.43%	28.34	10.86	5.52	1.85
Extended	31.01%	27.69	11.10	3.70	26.50
Newborn	40.35%	40.71	12.15	4.74	2.05

[1] Estimated.

Summary of Hospital Programs out-patient treatments, by category 1978/79 — 1983/84

	1978/79	1979/80	1980/81	1981/82	1982/83[1]	1983/84[2]
Psychiatry						
Out-patient	26,222	24,481	29,972	34,658	42,009	44,118
Day care	53,725	57,209	63,529	70,266	66,475	63,810
Minor and emergency	645,634	814,317	1,019,628	1,001,814	1,172,857	1,194,086
Day care surgery	82,979	89,312	93,445	102,621	108,513	114,634
Diabetic day care	4,515	4,949	6,595	7,912	10,463	10,608
Physiotherapy	454,697	484,110	507,233	552,236	713,157	759,841
Dietetic counselling	18,189	22,077	23,649	24,346	48,795	68,878
Renal dialysis day care	19,717	20,253	22,177	23,380	24,440	26,275
Other[3]	159,121	162,060	165,320	165,970	264,127	229,652
TOTALS	1,464,799	1,678,768	1,931,548	1,983,203	2,450,836	2,511,902

[1] Amended as per final report received from hospitals.
[2] Estimated.
[3] Other includes: (a) Cancer out-patients
(b) Rehabilitation day care
(c) Outpatient treatments provided to Hospital Programs beneficiaries in other provinces (data unavailable for 1978/79 to 1981/82).

Summary of Hospital Programs in-patients and out-patients 1978/79 — 1983/84

	Total adults, children and newborn in-patients	Estimated number of emergency, minor surgery, day care, and outpatient services	Total receiving benefits
1978/79	438,392	1,464,799	1,903,191
1979/80	441,526	1,678,768	2,120,294
1980/81	441,557	1,931,548	2,373,105
1981/82	473,665	1,983,203	2,456,868
1982/83[1]	457,788	2,450,836	2,908,624
1983/84[2]	461,593	2,511,902	2,973,495

[1] Amended as per final report received from hospitals.
[2] Estimated.

Continuing Care services provided

	No. of Facilities/Agencies	No. of Clients
Mental health boarding homes	130 (110 proprietary; 20 non-profit)	2,200
Homemaker agencies	129 (23 proprietary; 106 non-profit)	25,000
Adult day care	55	1,400
Assessment & treatment centres	3	45
Family care homes	175	200
Group homes	11	191
Personal-care facilities	126 (90 proprietary; 36 non-profit)	4,444
Intermediate-care facilities	175 (90 proprietary; 85 non-profit)	12,401
Extended-care facilities	115 (32 private hospitals; 83 public extended-care hospitals)	8,455
		54,336

Continuing Care clients
Facility care

	Sept. 1980	Sept. 1981	Sept. 1982	Nov. 1983
Personal care	5,057	4,573	4,186	3,708
Intermediate care I	4,218	4,734	5,271	5,594
Intermediate care II	3,047	3,485	3,983	4,309
Intermediate care III	2,423	2,739	3,081	3,422
Extended care*	1,012	1,039	1,105	1,172
TOTAL	15,757	16,570	17,626	18,205

* Does not include extended-care clients in extended-care units in public hospitals.

Continuing Care clients
Homemaker services

	Sept. 1980	Sept. 1981	Sept. 1982	Nov. 1983
Personal care	14,231	15,394	15,207	15,395
Intermediate care I	5,035	5,924	6,933	7,848
Intermediate care II	2,843	2,997	3,074	3,161
Intermediate care III	1,081	1,151	989	989
Extended care	1,132	1,107	1,110	1,115
TOTAL*	24,322	26,573	27,313	28,508

* Figures refer to clients approved for service; this may be 10-15 per cent higher than the figure for clients actually receiving service.

Continuing Care client assessments

	Total number of new assessments	Total number of reassessments and reviews
1979	19,126	12,054
1980	18,559	42,991
1981	13,809	54,300
1982	14,300	57,000
1983	13,486*	62,446*

*Projected

Composition of the provincial facility population by age group and care levels, including extended-care units (rows total 100%)

	PC	IC1	IC2	IC3	EC
Under 65	16.3	21.7	19.1	17.8	25.1
65–69	15.6	24.0	19.9	15.3	25.2
70–74	16.5	23.9	17.4	15.1	27.1
75–79	16.4	23.3	17.4	15.6	27.3
80–84	17.6	25.2	17.8	13.7	25.7
85–89	16.1	23.3	18.5	13.1	29.0
90+	11.1	22.2	17.1	13.0	36.6
All clients	15.5	23.3	18.0	14.4	28.8

Composition of the provincial homemaker population by age group and care level (rows total 100%)

	PC	IC1	IC2	IC3	EC
Under 65	41.7	27.5	14.9	5.5	10.4
65–69	55.7	26.5	11.2	3.2	3.4
70–74	58.9	25.8	9.4	2.8	3.1
75–79	58.9	26.6	9.6	2.8	2.1
80–84	57.8	28.0	9.9	2.4	1.9
85–89	53.1	29.4	11.5	3.5	2.5
90+	40.7	31.5	14.8	6.5	6.5
All clients	54.0	27.5	11.1	3.5	3.9

Home Nursing Care Program

Percentage distribution by age group and category of patients admitted to the program April 1, 1981 to March 31, 1982

Age	Percentage hospital replacement	Percentage non-hospital replacement	Percentage of total patients
Under 1 year	1.7	0.3	2.0
1–19	2.1	2.0	4.1
20–44	10.8	6.7	17.5
45–64	8.0	12.7	20.7
65–74	6.0	16.2	22.2
75–84	4.1	18.8	22.9
85+	1.2	9.4	10.6
TOTAL	33.9%	66.1%	100%

Home Nursing Care Program

Percentage, distribution, and number of patients by diagnostic groups in descending order. April 1, 1981 to March 31, 1982

Diagnosis	Number of patients	Percentage of total patients
1. Circulatory	8,599	17.2
2. Neoplasm-malignant	5,948	11.9
3. Gastrointestinal	5,214	10.4
4. Accidents	5,202	10.4
5. Musculoskeletal	3,258	6.5
6. Endocrine	3,157	6.3
7. Skin	2,965	5.9
8. Childbirth	2,546	5.1
9. Respiratory	1,937	3.9
10. Undiagnosed symptoms	1,869	3.7
11. Nervous system	1,693	3.4
12. Gynecology	1,686	3.4
13. Genitourinary	1,044	2.1
14. Blood	969	1.9
15. Sense organs	966	1.9
16. Perinatal	914	1.8
17. Mental disorders	745	1.5
18. Neoplasm-nonmalignant	598	1.2
19. Infective	343	0.7
20. Congenital	256	0.5
TOTAL	49,909	100.0%

Commissions

Medical Services Commission

On July 1, 1968, British Columbia established a universal Medical Services Plan, which is administered and operated in accordance with the *Medical Service Act* and regulations, under the supervision of the Medical Services Commission. The commission is empowered to function as the public authority appointed by the government of the province, to be responsible to the Minister of Health for the administration and operation of the plan established under the regulations.

Forensic Psychiatric Services Commission

The commission was established by Act of the Legislature in 1974 to provide psychiatric services to mentally disordered offenders who are involved in the justice system.

Specifically, the commission provides: assessment of individuals remanded by the court for psychiatric examination; diagnosis and treatment of individuals "found unfit to stand trial" or "not guilty by reason of insanity"; and diagnosis and treatment of persons who become mentally ill while in custody. It is also responsible for developing educational research programs and providing consultation to agencies and institutions in the correctional system.

The commission consists of not fewer than five members, appointed by the Lieutenant-Governor in Council, and is administered by an Executive Director.

Emergency Health Services Commission

The commission was created under the *Emergency Health Services Act* of 1974.

While the commission's activities to date have largely concentrated on the operation of an ambulance service and the training of ambulance personnel, its powers and authority extend into such emergency health areas as: establishing equipping and operating emergency health centres; assisting hospitals, other health institutions and agencies, municipalities and private organizations to provide such services; establishing and improving communication systems for emergency health services; and recruiting, training, examining, registering and licensing emergency medical assistants.

Ministry of Health Expenditures

Expenditures by principal categories in the Ministry of Health for the fiscal year 1982/83

Minister's Office	$ 192,648
Administration and Support	58,348,289
Service Delivery	109,053,352
Service Delivery Grants	11,005,316
Preventive	18,840,946
Community Care	66,513,769
Long Term Care	258,321,626
Hospital Programs	1,211,262,661
Medical Services Commission	815,821,180*
Drug, Alcohol and Cigarette, Education, Prevention and Rehabilitation	3,560,431
Health Cost Stabilization Act	77,799,992
	$2,630,720,210

* The expenditure of $815,821,180 shown for Medical Services Commission is the gross operating cost as shown in the detailed statements of the Public Accounts. The actual charge to Vote 48 was $485,230,668 and covered the subsidy by the province for low-income residents and the estimated deficits not covered by premiums and other revenue. Also included in the Medical Services Commission was a charge of $38,498,489 for Dental Care Services which will be shown separately in the Public Accounts.

Detailed expenditure by principal categories in the Ministry of Health for the fiscal year 1982/83

Minister's Office	$ 192,648
Administration and Support	58,348,289
Service Delivery:	
Administration	7,138,939
Preventive Service Delivery	23,412,861
Community Care Service Delivery	60,822,554
Long Term Care Service Delivery	17,678,998
	109,053,352
Service Delivery Grants	11,005,316
Preventive	18,840,946
Community Care:	
Forensic Psychiatric Services Commission	11,130,800
Emergency Health Services Commission	7,283,736
Alcohol and Drug Commission	2,088,912
Mental Health	46,010,321
	66,513,769
Long Term Care:	
Administration	8,192,748
Homemakers	52,072,808
Government Institutions	27,708,307
Long Term Care Facilities	170,347,763
	258,321,626
Hospital Programs:	
Administration	5,121,720
Grants to Hospitals — Operating	1,125,846,391
Grants to Hospitals — Capital	63,982,651
Grants to Hospitals — Equipment	16,311,899
	1,211,262,661
Medical Services Commission:	
Medical Care	707,991,363
Additional Benefits	44,791,468
Administration	24,539,860
Dental Care	38,498,489
	815,821,180
Special Purpose Accounts:	
Drug, Alcohol and Cigarette Education, Prevention and Rehabilitation	3,560,431
Health Cost Stabilization Act	77,799,992
	81,360,423
Total, Ministry of Health	$2,630,720,210

Medical Services Commission
Financial Statement

Auditor's report

To the Chairman of the
Medical Services Commission of British Columbia, and

To the Minister of Health
Province of British Columbia:

I have examined the statement of financial position of the Medical Services Commission of British Columbia as at 31 March 1983 and the statement of operations and working capital deficiency for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1983 and the results of its operations for the year then ended in accordance with generally accepted accounting principles, as modified by Note 1 to the financial statements, applied on a basis consistent with that of the preceding year.

ERMA MORRISON, F.C.A.
Auditor General

Victoria, British Columbia
15 June 1983

Exhibit A

Medical Services Commission of British Columbia
Statement of financial position
March 31, 1983

	1983	1982
Assets		
Cash	$ 316,716	$ 11,157,628
Accounts receivable	4,263,967	1,678,976
	$ 4,580,683	$ 12,836,604
Liabilities		
Accounts payable	$ 287,731	$ 416,224
Premiums received in advance	31,619,002	29,920,123
Estimated liability for unpresented and unprocessed benefit claims	92,800,000	96,100,000
	124,706,733	126,436,347
Working capital deficiency — Exhibit B	120,126,050	113,599,743
	$ 4,580,683	$ 12,836,604

The accompanying notes are an integral part of these financial statements.

Approved on behalf of the Commission:
Dr. D.M. Bolton, Chairman

Exhibit B

Medical Services Commission of British Columbia
Statement of operations and working capital deficiency
for the year ended March 31, 1983

	1983	1982
Revenue		
Subscribers' premiums (Note 1)	$311,237,818	$235,866,891
Province of British Columbia premium assistance	60,830,066	44,448,376
	372,067,884	280,315,267
Expenditure		
Benefits		
Medical care	707,991,363	597,778,355
Dental care (Note 2)	38,498,489	82,732,880
Additional benefits	44,791,468	34,868,280
	791,281,320	715,379,515
Administration		
Salaries and employee benefits	12,288,310	13,632,036
Data processing expenses	8,679,771	9,554,941
General office expenses	2,397,684	2,391,951
Occupancy expenses	1,174,095	1,288,963
	24,539,860	26,867,891
	815,821,180	742,247,406
Excess of operating expenditure over revenue	443,753,296	461,932,139
Contributions — Province of British Columbia	437,226,989	404,267,805
Working capital deficiency - for the year	6,526,307	57,664,334
Working capital deficiency - beginning of year	113,599,743	55,935,409
Working capital deficiency - end of year — Exhibit A	$120,126,050	$113,599,743

Medical Services Commission of British Columbia
Notes to Financial Statements March 31, 1983

Note 1 Significant accounting policies

These financial statements have been prepared in accordance with generally accepted accounting principles except that:

(i) Premiums from individual subscribers are included as revenue only when cash is received and the revenue is earned. Premiums from other sources are recognized as revenue on an accrual basis.

(ii) The cost of furniture and equipment is charged to administration expenses in the year of acquisition.

(iii) No accrual for holiday pay is provided for salaried employees.

Note 2 Dental Care

Effective 1 September 1982, the Dental Care Plan of British Columbia suspended coverage for all beneficiaries except Human Resources clientele.

Note 3

The Medical Services Commission directs and operates the Medical Services Plan of British Columbia and the Dental Care Plan of British Columbia.

Forensic Psychiatric Services Commission

Statement of expenditure
for the period April 1, 1982 to March 31, 1983

Expenditure by standard classification	
Salaries — established	$ 7,518,776
Salaries — temporary	1,092,268
	8,611,044
Fees and allowances, boards, commissions, courts, etc.	5,600
Travel expense	82,963
Professional and special services	1,513,224
Office expense	114,369
Office furniture and equipment	19,105
Advertising and publications	1,518
Materials and supplies	644,293
Rentals — outside suppliers	21,301
Building occupancy	1,940
Acquisitions — machinery and equipment	28,846
Grants, contributions and subsidies	86,597
TOTAL	$11,130,800

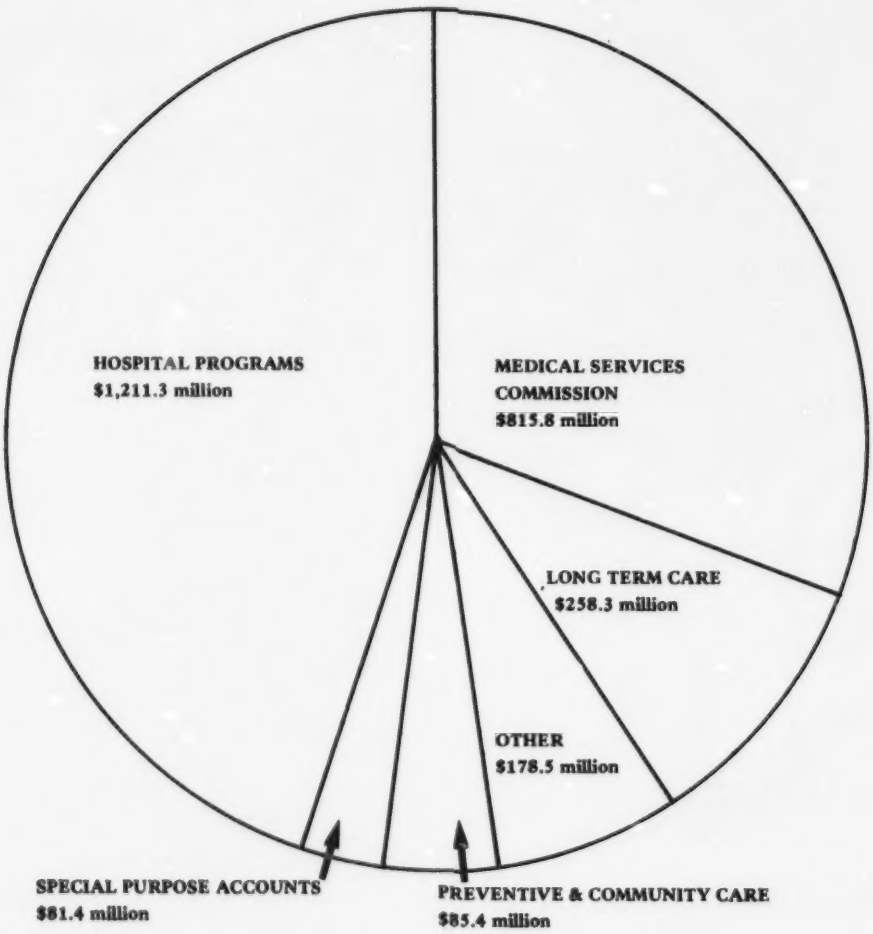
Alcohol and Drug Commission

Statement of expenditure
April 1, 1982 to March 31, 1983

By standard expenditure classification	
Salaries — established	67,888
Salaries — temporary	149,396
Travel	40,994
Professional — special services	384,854
Office expense	50,870
Office furniture and equipment	117
Advertising and publications	3,515
Materials and supplies	160,066
Rentals — outside suppliers	10
Building occupancy — B.C.B.C.	2,850
Acquisition — machinery and equipment	296
Grants	128,000
Interest on overdue accounts	56
TOTAL	$2,088,912

NOTE: Alcohol and Drug Grants are reported under Service Delivery Grants in the Management Operations vote.

Expenditure by principal categories in the Ministry of Health for fiscal year 1982/83



OTHER:

Administration	$58.5 million
Service Delivery	$109.0 million
Service Delivery Grants	$11.0 million

SPECIAL PURPOSE ACCOUNTS:

Drug, Alcohol & Cigarette Education, Prevention & Rehabilitation	$3.6 million
Health Cost Stabilization Act	$77.8 million

TOTAL HEALTH SERVICES IN 1982/83: $2,630.7 MILLION